

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>8/11/04</u>		2 Serial/Patent # <u>10/781,016</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
X	Petition		7/16/04	\$ 130								
X	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 130								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
	Overpayment	X	Credit Deposit A/C #:									
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> </tr> </table>			0	4	--	1	1	2	1
0	4	--	1	1	2	1						
X	No Fee Due (Explanation):											
<u>Postcard proves allegedly omitted drugs were here on day 1.</u> <u>Refund pet fee</u>												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>E Shirene Welles</u>			TITLE: <u>Pet Attny</u>									
SIGNATURE: <u>E Shirene Welles</u>			PHONE: <u>308-6712</u>									
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>			DATE: <u>8/27/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**